

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edson E Wright

3. (b) If veteran, name war Spanish AWar 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillie Roach 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased September, 20 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 29 hr. min.

9. Birthplace Ferry Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter and soldier

11. Industry or business General Carpenter

12. Name Samuel Wright
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name Morthy Meadow
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Wright

(b) Address Ash Grove, Missouri

17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Springfield, Mo.

18. (a) Signature of funeral director Wm. Leonard Jones

(b) Address Walnut Grove, Mo.

19. (a) 1-20-41 (Date received local registrar) (b) Wm. Leonard Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1941 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from 1-18-1941 to 1-19-1941
that I last saw him alive on 1-19-1941 and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema.

Due to Influenza + Asthma

Due to none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none held

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?
(Specify type of place) (e) Means of injury

23. Signature Charles H. McAffee (M. D. no)
Address Ash Grove, Mo. Date signed 1-20-1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2664

P. O. Address Travis Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.